Statement of Organization - Candidate Complete Opt

Ame	ndment	 	
	Yes		No

1. Committee Information	a a			
a. Full Name	c. ID Number			
GIBERT LEON MONK JA	2			
b. Mailing Address (include City, State and Zip Code)	d. Date Organized			
D A. BAX 15309	1-13-04			
Winston Salem 27113	e. Phone Number			
Winston Seit Titl	7,00000000			
2. Candidate Information	Candidate's Primary Committee			
a. Full Name	c. Candidate ID Number d. Party Affiliation			
GIBERT L MONKTR	Democrat			
b. Malling Address (include City, State, and Zip Code)	e. Office Sought f. Jurisdiction			
P. D. BOX 15309 Winston Salem NC 27113	Soil and water conservation District 54 pervison (If office sought is nonpartisan, write "Nonpartisan" in [d] Party Affiliation.)			
3. Treasurer Information	4. Custodian of Books Information			
a. Full Name	a. Full Name			
GilBERT MONK	GilBERT MUNK			
b. Mailing Address (include City, State, and Zip Code)	b. Mailing Address (include City, State, and Zip Code)			
1052 Bankst Winston Salem NC 27101				
c. Phone Number d. Email Address	c. Phone Number d. Email Address			
336 631 8906 GIBERT 4040 @ webTV: net				
5. Assistant Treasurer Information Add	6. Account Information (incl. CRO-3500)			
2. Full Name Remove	a. Financial Institution Full Name Remove			
	allegacy Credit union			
b. Mailing Address (include City, State, and Zip Code)	b. Putpose			
	Campaign Finance			
c. Phone Number d. Email Address	c. Code d. Type			
	Saving			
CERTIFICATION				
I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.				
GIBERT L. MONK JR SUbert Monk 10-13-04				
Printed Name of Signer Signature of Appointed Treasurer Date				



506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Treasurer

FILED BY:	α
Candidate Name:	GIBERT L. MONK JR GIBERT L. MONK JR
Treasurer Name:	GilBERT L. MONK JR
Treasurer Address:	6052 Bank St
(include city, state, & zip)	Winston Salem N.C. 27101
the duties and responsibility sanctions in Subchapter VI. General Statutes. Lunderstand that if the above	rmation is correct, and I, as candidate, appoint said treasurer to personally fulfill ies imposed upon the appointed treasurer and subject to the penalties and II. Regulation of Election Campaigns of Chapter 163 of the North Carolina ve Treasurer changes, it will be necessary to certify a new treasurer and amend organization within 10 days of the vacancy.



Kimberly Westbrook Deputy Director - Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Confidential

Certification of Financial Account Information

FILED BY:	Oursell in With	
Committee Name:	GIBERT L MONK JR GIBERT L. MONK JR	_
Treasurer Name:	GUBERT L. MONK JR	_
Treasurer Address:	P.O. BOX 15309	_
(include city, state, & zi	Winsten Salem N.C. 27/13	
Treasurer Phone:	336 6318906	_
for the above named Coaccounts, money marked Committee. The information provide a court of competent junction provide account information provide account information provide account information provide account information.	tion provided below is true and accurate. I am providing all account information mmittee. These account numbers include all bank accounts utilized, credit card or savings accounts, or any other financial account used for any purpose by the ed on this form is considered confidential and is not subject to public disclosure. The would only be used for the purposes of an audit or investigation or as required by isdiction. It will be necessary to assign each account number a "code" in order to ation on required disclosure reports. If an account number is used as the "code", count number is presumed to have been waived.	у
Type of account	Financial Institution Address Account Number Code	
Saving	allegacy union p. 0 BOX 1456 WS NC 27102	
By signing this statem provided. 10-13-04 Date Signed	ant, I authorize agents of the State Board of Elections to inspect all accounts Like Month Signature of Treasurer	



North Carolina

State Board of Elections

506 N Harrington Street Raleigh, NC 27603

Kimberly Westbrook Deputy Director – Campaign Reporting Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173 Fax: (919) 715-8047

Certification of Threshold

FILED BY:		
Committee Name:	GilBERT L MONK JR	 ;
Treasurer Name:	GIBERT L MONK JR GIBERT L. MONK JR	
Treasurer Address:	P. D. BOX 15309 winston	Salen
(include city, state, & zip)	N. (, 27113	
Treasurer Phone:	336 631 8906	
election cycle under the pro- until the end of the election expenditures during this ele of elections and file require	mittee intends to neither receive nor expend more than \$3,000 during the needures set forth in G.S. 163-278.10A. This certification will remain in cycle for this committee. If this committee exceeds \$3,000 in contribute extin cycle, I understand that I must immediately notify the appropriate and campaign finance reports.	ions or board
	Certification to remain under the \$3000 threshold. I will now be required for all contributions and expenditures that have not been previously required the current election cycle. I further agree to file all future reports required.	eported
10-13-04	Lebert Mon,	k_
Data Signed	Signature	